

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10789899

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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27	/					
28	/					
29	/					
30	/					
31	/					
32	2					
33	2					
34	1					
35	1					
36	1					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	51	/	52	/	53	/	54		55		56	
57												
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TOTAL DEP.												
TOTAL CLAIMS												